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ABSTRACT

This report describes and evaluates the Child and Family Resource Program (CFRP) in St. Petersburg, Florida, one of 11 demonstration sites of this Head Start-affiliated program. The cooperation of community service agencies and the combination of the roles of homebased teacher and social worker into the role of home visitor were major strengths of the program at this site. Specific areas of the St. Petersburg CFRP are described and evaluated: (1) the overall, specific, and operational goals of the program and its components; (2) the planning, startup, and implementation of the program components (health and social services, education, parent involvement, and family recruitment); (3) staff fundtions, qualifications, utilization and interrelationships; (4) preservice and inservice training; (5) recruitment of families and the use of needs assessment procedures; (6) amount of coordination with social service agencies; (7) materials used in the program; and (8) program cost data presented (in table form). A general summary of this site's strengths and weaknesses is provided. (ED)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM

ST. PETERSBURG, FLORIDA

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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DEVELOPMENT ASSOCIATES, INC.
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June 30, 1975

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ST. PETERSBURG CFRP
PROGRAM DESCRIPTION

INTRODUCTION

St. Petersburg is situated on the western coast of Florida in the Tampa Bay region. The city is located in Pinellas County which has the fourth largest population in the state and is the most densely populated. The county had a population of 521,329, according to the 1970 U.S. Census. The population has now grown to around 700,000.

The target area for the CFRP is the central area of the south side of the city. The area is urban with a heavy concentration of low income families and has been designated as a poverty pocket by the local Community Action Agency. The median income is $5,265.

The Head Start program in Pinellas County was originally funded in 1964 to provide pre-school training for 3-5 year old children in the lower income bracket. At the present time, there are 15 centers located throughout the county, with one of these centers located in the CFRP target area. The CFRP was first introduced in a telephone call from the Office of Child Development Regional Office to the Pinellas County Head Start Director in January 1973. The CFRP concept was explained and the Director was told that he could complete and submit a Questionnaire/Prospectus if he wanted to apply for funding. The Director liked the program and felt it was good for the community. He saw that a coordinated effort was needed to deliver services to low income families. The Director recommended to the Head Start Board of Directors and Policy Council that they apply for CFRP funds. The recommendation was accepted and a response was prepared to the Questionnaire/Prospectus. After receiving word of their qualification, the Director and the Educational and Social Service Coordinators of Head Start began planning a program. The staff familiarized themselves with the program guidelines and attended the CFRP meeting in Denver. Also, during this time, possible staffing patterns for CFRP were discussed along with plans for the participation of the community agencies. Coordination of agencies was a major thrust of the new program and a concerted effort was made to include these agencies in planning from the very beginning.

To help prepare the proposal and in order to insure a coordinated effort, a Planning Committee was formed with representatives of local community agencies as members and the Head Start Director as Chairman. At these meetings, discussions were held concerning the resources that would be provided and the agencies that would be providing them. The meetings were informal and suggestions were made and discussed. If every members agreed that an idea or suggestion was good, it was recorded as something to include in the proposal. The criteria used for this was the degree to which it contributed to the CFRP concept and whether it was a unique idea that would add something to the proposal. (They were very much aware that they were competing for funds with

other communities.) Although the committee approach was useful, the final content decision rested with the Head Start Direction. The proposal was written in March and April of 1971 by the Head Start Director and the Division of Education and submitted at the end of April. The field Health was accepted on August 16, 1971, marking this date as the beginning of program implementation for the St. Petersburg CFKP.

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A. Program Planning and Design

This guide and objectives of the St. Petersburg COPAR grant as stated, the city must establish services that were published in the Guidelines. The Board Bank Directors, who coordinated the planning, concentrated on integrating the services of the community agencies to assist in deal with drug addicts. In general, they followed the guidelines in providing their program and tried to attain the participation of the various agencies that felt were important to use in the condition addicts. In planning the services that would be provided under the Health, Social Services, and Education components, the Director and his staff tried to solicit the participation of the community agencies in the area. The criteria used in deciding whether or not to contact an agency were whether the agency was known in the Drug Abuse addiction or not the agency was directly involved and could provide a variety of services and whether or not the agency provided services which were requested under the guidelines. The final decision on inclusion of an agency in the package rested with the Drug Abuse Problems.

B. Program Implementation

The St. Petersburg COPAR planners set certain rules for their program. Where personnel concerns, hire no Florida program that of will avoid the required minimum personnel contract in the COPAR Guidelines. In order the suspension and coordinating with is a. Indirect involve non-profits services between agencies, and develop an employment and social select program capable of dealing with the range of problems demonstrated by addicts families. Where participants that on the program development and between agencies, the COPAR agency suspension function would appoint staff activity coordination and actual delivery of services.

Where procedure overall is that only. Finally, it focused the planning efforts towards a suspension program and activity. The consideration of the planning concept provided for continued program definition and administration. Regardless may upon the actual implementation of the planning.

the the planning participated. The addition of program implementation the should these target objectives in more management and personnel program. Where specifically, the major objectives for the program implementation phase were.

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was expanded from a 50% part-time role to full-time in December 1974. This staff member works primarily with activities related to parent involvement. (See Section III for more detail on staff).

In addition, by the Spring of 1975, newly recruited and enrolled families were approached and introduced to the program much differently. The staff's new strong feelings about the importance of parent involvement were communicated in earnest and parent commitment was actively solicited.

There is a wide range of services provided in this component. The majority of these services are coordinated by the Enrichment Coordinator but he remains in close contact with the Home Visitors and other staff to maintain an integrated and coherent program approach. With the advent of a full time Enrichment Coordinator, and more attention to this program area by other staff, parent interest began to grow. By the Spring of 1975, the range of services in this component encompassed a variety of enrichment activities which included: picnics, trips to recreational and cultural points, cruises, bowling, a fashion show, self improvement counseling, discussion groups on topics raised by parents, formal training sessions to help improve parenting skills, and a number of adult education opportunities with nearby educational institutions including program staff assistance in locating financial support when necessary.

This component has grown over the months and appears indicative of the responsiveness of the St. Petersburg staff to the needs of the CFRP families. The results of rethinking and reacting to this component have produced a shift in the attitudes of the staff regarding the importance of parent involvement in the program.

5. Recruitment of Families:

The plan for recruiting families was implemented as designed with one major exception. The phasing for enrolling families was accelerated and families were recruited faster than originally anticipated. CFRP staff attributes this as the response to what they interpreted as OCD urgings in this regard. Although they felt that increasing the rate of recruiting families would impact on other areas of the program, they acquiesced and hurried the recruiting process. No other recruiting procedures or eligibility requirements were affected by this decision.

The CFRP staff found that the recruiting plan was effective in obtining families for the program. However, upon reflection on the experience of many months of effort, they spotted an area that needed improvement. (The preceeding section raised this issue in discussing

parent participation.) It became necessary for the staff to carefully and fully discuss with parents their responsibility to the program as well as the program's responsibility to the family. The first families were not asked to enter into any real agreement with the program regarding mutual responsibilities and expectations. A year and a half later, newly recruited parents were entering into written agreements with the program. Although these agreements do not have any real legal sanction, they do offer some reinforcement to the seriousness of the program intent and expectation for significant parent involvement.

In preparing the third year plan, the staff has already decided to make the letter of understanding a more detailed and working document as well as to increase the formality (and implied importance) of the letter.

As a result, in addition to the original criteria for CFRP acceptance of a child (age 0-5; and income eligibility or acceptance under 10% over income provision), a third criteria element has been added -- an indication of family commitment and willingness to participate in the program. This indication of commitment may take many forms and the CFRP staff is very alert for any positive manifestations of it. For example, in some cases, prospective parents are provided an opportunity to participate in various program activities. The manner and degree to which they do or do not take advantage of these opportunities can affect whether or not they will ultimately be accepted into the program. Another example, of course, is the previously mentioned letter of understanding.

Naturally family recruitment is not as time consuming as it was during the first months of the program. Since it is only required to maintain planned program levels more time is available to carefully tailor and individualize the process for each family. Moreover, the staff is more experienced and the program itself has a certain degree of credibility within the community. However two lessons learned have remained with this staff: if they had to do it over again they would recruit families slower, not faster; and they would exercise more care in explaining the program to prospective families to assure that the parents understood that mutual commitments and attendant responsibilities are encouraged and expected.

III. STAFF

A. Program Planning and Startup

The staffing plan along with recruitment and hiring was one of the things that was discussed by the Planning Committee. The original plan called for a CFRP Director, CFRP Coordinator, Director of Education, Social Services Coordinator, Training Coordinator, Homebased Teachers, Social Service Workers, Nurse, Nutritionist, and Parent Coordinator. All of the above staff, except for the CFRP Coordinator, Homebased Teachers and Social Service Workers were to be Head Start staff members who would devote a portion of their time to CFRP. The new staff members were to be screened by the Planning Committee, but the final decision on hiring would be made by the Head Start Director, who was now designated as the Head Start/CFRP Director.

In hiring the new staff members, first priority was given to Head Start staff who had proven that they could work well with families. The Head Start/CFRP Director described the CFRP concept to them and asked if they were interested. They were screened by the Planning Committee and the final hiring decision was made by the Head Start/CFRP Director subject to the approval of the Delegate Agency Board of Directors. The first new staff member was the CFRP Coordinator. He was hired in June 1973, and helped interview the other new staff members.

Description of the duties and responsibilities of each staff member were prepared during the Planning Phase. They are given below:

1. Head Start/CFRP Director:

This position is to be filled by the Head Start Director who will devote 10% of his time to CFRP and 90% to Head Start. He will direct and guide all phases of the CFRP. He will formulate, revise, and maintain consistency in administrative policies and methods of operation. He will represent the organization in public contacts with outside officials and agencies. He will attend conferences and meetings relating to the program. He will prepare the budget.

2. CFRP Coordinator:

The Coordinator will devote 100% of his time to CFRP. He will assist the Director with administrative functions. He will identify, coordinate, and utilize all available community resources. He will coordinate all services to be rendered to families by staff and participating agencies, He will submit regular visitation procedures. He will serve as liaison between the program and the community. He will assist with budget planning and revision. He will supervise and evaluate the CFRP staff.

3. Director of Education:

The Director of Education will devote 10% of his time to CFRP and 90% to Head Start and other programs. He will supervise the instructional personnel in the centers and the Homebased Teachers. He will review the educational program and make recommendations for change. He will demonstrate effective teaching techniques and will coordinate with the Enrichment Program Coordinator.

4. Homebased Teachers:

The Homebased Teachers will devote 100% of their time to CFRP. They will plan the educational program with the Director of Education. They will schedule visits with each family. They will submit visitation reports on each family. They will develop educational materials. They will consult with the assessment team members. They will exchange information and techniques with parents. They will make provisions for elementary school visitations.

5. Training Coordinator:

The Training Coordinator works for the County Juvenile Welfare Board and will devote 25% of his time to CFRP and Head Start. He will coordinate all training activities for the program. He will give guidance in the selection of consultants. He will assist in the planning, development, and implementation of the inservice training program. He will meet with the CFRP Coordinator, other staff personnel, agency representatives, and parents to determine training needs. He will be responsible for the preparation and dissemination of training agendas, reports, and summaries.

6. Social Service Coordinator:

The Social Service Coordinator will devote 10% of his time to CFRP and 90% of his time to Head Start and other programs. He will give guidance to the Social Workers and Social Worker's Assistants. He will establish relationships with new agencies in order to provide services to families. He will hold regular meetings with the social service staff.

7. Social Workers:

The Social Workers will devote 100% of their time to CFRP. They will make home visits for purposes of gathering data on families. They will prepare information on families to present to the assessment team. They will make referrals to agencies. They will act as advocates for families when necessary. They will provide resources for emergency services not covered by other agencies.

8. Nurse:

The Nurse will devote 15% of her time to CFRP and 85% of her time to Head Start and other programs. The Nurse will schedule medical screenings with the health department. She will maintain health records. She will participate with staff and parents in health education. She will make home visits to counsel families on health matters. She will schedule appointments for medical followups.

9. Nutritionist:

The Nutritionist will devote 10% of her time to CFRP and 90% of her time to Head Start and other programs. The Nutritionist will coordinate with the Home Extension Nutrition Health Education Program. She will coordinate with the School Director of Nutrition. She will plan menus to be used in the Head Start Center and to be distributed to the families which will provide up to 2/3 of the daily nutrition requirements. She will confer with the health department Nutritionist on nutritional needs of families. She will develop resources for diet counseling.

10. Parent Coordinator:

The Parent Coordinator will devote 10% of her time to CFRP and 90% to Head Start and other programs. The Parent Coordinator will plan programs and activities in conjunction with the Training Coordinator that meet the expressed interests and needs of the parents. She will attend parent meetings. She will serve as a staff resource person to the policy committee. She will recommend additional parent programs to the CFRP Coordinator. She will assist in motivating parents to be volunteers in the classroom.

11. Enrichment Coordinator

The Enrichment Coordinator will devote half time to CFRP, the other 50% of time will be applied to Head Start. The Enrichment Coordinator will serve as liaison between the school system and the CFRP in any followup problems experienced by CFRP children, ages 6-8. He will also work closely with the Homebased Teachers, Social Workers, and CFRP Coordinator in planning and coordinating enrichment (educational and entertainment) activities for families.

The original staffing plan was carried out during the startup phase with only minor change. OCD recommended that families should be enrolled more quickly than planned and that two Homebased Teachers be used instead of the three they had planned to use. When one of the three Homebased Teachers quit, a decision was made to follow OCD's recommendation and a replacement was not hired.

B. Program Implementation

Although there has been little turnover in the CPRP staff there has been considerable reshuffling and redefinition of staff responsibilities and functions during the implementation phase. This is attributed primarily to the fact that while the planners had carefully considered the nature and intent of the program they did not have as clear an understanding of how their ideas would be implemented on a daily basis. As a result program emigration have determined the manner in which the CPRP staff functions and the staffing pattern and job descriptions are different from the planning and startup projections in this area. These changes and the accompanying rationales are explained below.

1. Home Visitors

The most important staff position to the St. Petersburg CPRP is the Home Visitor. This position was not included in the planning. During the first months of working with families there were two staff members assigned to each family. These assignments were based on functions - i.e., a Homebound Teacher and a Social Worker were each assigned to a family. It became apparent that while the families need the combination and range of skills provided by these two, problems developed with the interpersonal relationships and program administration.

It was not long before the field staff began to realize that the type of program activities and interpersonal relationships they were beginning to develop with families demanded continued contact and mutual confidence. In many cases this type of relationship was a new experience for the families. Trying to develop their relationship with two staff members simultaneously tended to be too burdensome. The administrative problem was also formidable. The two staff assigned to a family had to coordinate closely to keep each abreast of the other's degree of involvement with the assigned families. As the number of assigned families increased, these coordination problems expanded geometrically.

Therefore during the winter of 1975, after almost six months of experience with this staff configuration, the Homebound Teachers (3) and Social Workers (3), positions were eliminated and replaced by a new staff role, that of the Home Visitors. The Homebound Teachers and Social Workers were not terminated from the program. They merely filled the four newly created Home Visitor slots. This expansion of responsibilities thus created some expertise gaps in each of the new Home Visitors that required extra staff training and special effort on the part of the four staff involved. All staff involved in this decision however, feel that whatever the programmatic short comings, they were only temporary and that the over all long range improvement in

the program justified the decision. Not only will the coordination between the individual functions and the program strengthened by assigning [illegible] the [illegible] program [illegible] primary responsibility to the Home Visitors but it also as [illegible] professional competence needed.

5. Enrichment Coordinator

The original plans called for the Enrichment Coordinator to be a part-time professional (50%) to be attached to the CPRP. In response to requests from a number of persons for an increase in CPRP operational period activity and from a staff realization that a other person's [illegible] supporting the program, a major program decisionist was made to deal with this problem. The Enrichment Coordinator's [illegible] was expanded to full time (50% CPRP related) in December 1974. While there was no real change in the job description, the CPRP Coordinator made it clear that the 50% increase in time would be accompanied by an anticipated comparable increase in effectiveness.

A new staff member was hired to branch this supervisory position. Since he had an intimate knowledge of the program and [illegible] he assigned as Policy Council Chairman upon accepting this position and also had attended the Denver Conference in March 1974. [illegible] to orienting him to the program. By Springer 1975 the [illegible] efforts had begun to increase the level of [illegible] and [illegible] of parent's in the program.

6. Nurse

The Nurse position was originally shared, 25% [illegible] CPRP and 50% Head Start. This dual role placed an [illegible] on the Nurse [illegible] impossible to adequately serve both programs. Consequently in this [illegible] this position was expanded to support [illegible] CPRP [illegible]. The Head Start Nurse [illegible] with Head Start and a [illegible] was recruited. In terms of the job description an additional [illegible] of responsibility were added, however, the level of [illegible] to CPRP family needs was increased dramatically when the Nurse began applying 50% time to the program. Care was [illegible] the Nurse. The permanent decision was to hire a [illegible] with [illegible] experience in the [illegible] Evaluating [illegible] in Tuscaloosa. In addition to the [illegible] credentials he [illegible] to the staff [illegible] with the [illegible] of [illegible] within the CPRP approach of dealing with the [illegible] problems that impact the development of [illegible].

4. Mental Health Technician (Family Counselor)

This is a new position created in July 1974. Thus CPRP has a contract with the Child and Family Mental Health Center to [illegible] diagnostic screening and evaluation services. [illegible]

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To assess needs and write a training plan for parent education; and

To develop an agreement between the program and families with a milestone identified for meeting needs.

3. Social Services:

- Goal
  To further social services needed to serve each family individually.

- Objectives
  To develop interviewing skills and techniques in assessing each family's needs;

  To write guidelines for recording the setting and mood for home visits; and

  To teach families methods of utilization of the social services directory.

4. Health/Nutrition:

- Goal
  To provide services in all areas of health in order that each family will grow physically, mentally, and emotionally.

- Objectives
  To gain and distribute information in proper pre-school nutrition for each family;

  To provide consumer education programs on efficient buying to meet nutritional needs;

  To gain information for home visitors that will meet the families needs for homemaker services provided by other agencies; and

  To gain skills in identifying severe psychological disorders in order to refer them to diagnostic and treatment services.

In summary, the St. Petersburg CFRP staff training program was subject to several influences during program implementation. These included the declining availability of a Training Coordinator with a resulting restructuring of the position and attendant responsibilities; an intensive self reevaluation of the training program; and a long range staff training program development effort culminating in a new sense of purpose and direction for staff training.

V. INDIVIDUALIZATION

A. Program Planning and Start-up

The instrument for assessing the needs of families was developed by the Planning Committee during the Planning Phase. Items and questions for the assessment instrument were suggested by committee members. In doing this, most members took relevant items from the assessment instruments used by their own agencies. All the suggested items and questions were then evaluated and a final questionnaire was developed. The questions included one which asked the family's opinions as to their most urgent needs.

Using the assessment questionnaire, the plan was to have the Homebased Teachers collect assessment data from families in their homes. The data would then be discussed by the Assessment Team at weekly meetings. The team was to be composed of representatives from the following agencies:

Agency	Discipline
CFRP	Administration and Social Work
Juvenile Welfare Board	Social Work
Child Guidance Clinic	Psychology
Division of Family Services	Medicine
Family Counseling Center	Social Work
County School Board	Social Work and Education
County Head Start	Education
Policy Committee	Parent
County Welfare	Social Work
Project Playpen	Social Work

Each team member was to have received the assessment data on the families to be discussed before each meeting. The members would then check their agencies files to see whether any of the families were being served and, if so, to add any relevant data which were not covered.

Based on the assessment results, each family and each family member was to be served individually. The wide variety of community agencies that were a part of the linkage system allowed for the provision of a wide range of services to meet the needs of all family members.

During the Startup Phase, the assessment instrument and procedures were followed without significant change. Some minor revisions were made to the instrument in terms of added questions to meet a new or unanticipated situation.

No changes were made in the types of services that were planned to be provided. It was felt that every possible thought had been given to the provision of services so there was no need to add any. Similarly, no changes were made in the process by which services would be individualized.

B. Program Implementation

1. Needs Assessment Procedures:

The needs assessment procedures provide the fundamental information sources and the administrative supervision to the process of individualizing program services to family member needs.

The intake process is the first formal step of the needs assessment. A Home Visitor is assigned to work with the family in gathering social history on all family members. The Home Visitor also makes general observations on the attitude of the family members and attempts to determine if any emergency condition exists. This family information is discussed at a weekly staff meeting (regular attendance usually includes the Home Visitors, Family Counselor, Enrichment Coordinator, Nurse, and CFRP Coordinator). The Home Visitor who handled the intake interview makes a recommendation regarding acceptance to CFRP. The recommendation is based on the information available up to that point.

Once a family is accepted, a permanent Home Visitor is assigned. In practice this is usually the Home Visitor who conducted the intake interview but particular circumstances can alter this arrangement. For example, some families may express a preference for a certain Home Visitor or a family may have special needs that indicate one Home Visitor may be more appropriate than another. The regularly assigned Home Visitor completes collecting all relevant family information and concentrates on developing rapport with the family. The full social history and complementary data is sent to the assessment team. The procedure is to provide this data to assessment team members one week prior to the meeting so that agency records can be checked to determine what relationships exist between the family and the agency.

The assessment team originally met weekly. In January 1974 this weekly meeting was changed to a monthly meeting. This change was due to requests from the participating agencies that the time demands on their personnel were too great with the weekly meetings. Another factor was that once the original surge of assessing all families for the first time passed, the pressure for weekly meetings diminished.

The Home Visitor represents the family at the assessment team meetings. Although there are no restrictions against a family's presence at these meetings only a very few have exercised the option to attend. The Home Visitor explains the family situation to the assessment team in a combined written/oral presentation. The procedure is for the Home Visitor to verbally highlight the more comprehensive written report and to elaborate any point(s) raised during the meeting. The family situation is thoroughly examined and discussed as the

assessment team develops a recommended plan of action for coordination by the Home Visitor. In developing this plan the agency representatives indicate to the Home Visitor the extent of assistance/service available from their agencies. They also specify contact procedures and personnel.

The original procedure did not give the home visitor responsibility for preparing a complete written presentation on each family. This procedural change occurred during the winter months of 1974 in an attempt to provide the assessment team more information in developing a plan of action.

The Home Visitor subsequently presents the plan of action to the family and implementation begins. In the event the family feels that the plan or certain parts of it are unacceptable the Home Visitor has two alternative courses of action:

- To report the situation to the next assessment team meeting and develop resulting modifications to the plan; or
- To attempt modification in the field and report on these actions to the next assessment team meeting.

Reassessment usually is an annual event. Special circumstance sometimes accelerates this process. In reassessment the Home Visitor presents a report on family progress and new needs for consideration and action by the assessment team.

2. Needs Assessment Review

The needs assessment process is a persistant concern of the CFRP Coordinator. The coordinator is constantly seeking to improve the efficiency of the process and increase the interest of the agency representatives. As a result of this concern two major improvements to the procedure are being developed for the fall of 1975.

- Reassessment will occur every six months. It is felt that this will assist in keeping the plan of action more current and responsive;
- Written committments will be requested from the families. This is a serious effort to clearly identify the responsibilities the CFRP, the community agencies, and the families each have to the other in the plan of action.

3. Assuring Individualization

The role of family representative delegates to the Home Visitor the prime responsibility of assuring that the various needs of family members are highlighted in the assessment team meeting. After the plan of action

has been decided the responsibility of assuring that the recommended services are provided remains with the Home Visitors. They check with the families to determine on one hand if services were indeed provided and, on the other, whether or not the family member(s) fulfilled their part of the arrangement. The Home Visitors also maintain liaison with agency representatives to keep the actual delivery of services efficient and effective. The CFRP Coordinator and the Mental Health Technician view a great part of their respective supervisory and consultant responsibilities to include the constant reinforcing of this important Home Visitor duty. The general consensus of the staff is that proper individualization of services is only possible if everyone remains personally vigilant and reinforces each other as to the importance of this concept to the success of their CFRP.

VI. COORDINATION

A. Program Planning and Startup

From the very beginning of the project, the Director and his staff sought and encouraged community agency participation and cooperation. Hence, agency representatives were heavily involved in the planning of the program. Prior to CFRP, relationships between numerous community agencies and Head Start had developed. The Head Start/CFRP Director sought to build on this existing foundation and develop it into the type of linkage system called for in the CFRP Guidelines. When the Director sent out his original letter asking for agency cooperation, he asked for two representatives from each organization. One person would become a member of the planning committee; the other would sit on the assessment team. This arrangement was devised in order to achieve a linkage system which would provide proper coordination of services to enrolled families.

Once the grant was signed, a meeting of the planning committee was held. The proposal was discussed along with plans for its implementation. The prospective CFRP Coordinator was introduced and questioned by the members. A discussion was held on how to get the school system involved in the program and how to get parents sufficiently motivated to become active participants in the program. Next, the project budget was discussed along with the need for additional staff members. The types of training to be provided to these new staff members were also discussed. Finally, at this meeting, the types of agreements between the agencies and the CFRP were considered. This meeting set the tone for the spirit of cooperation that was achieved by this program.

B. Program Implementation

The serious and concerted effort expended during planning and startup to involve community agencies in the CFRP continues in the implementation period. This continuity appears to have resulted from the seriousness of purpose and determination of the planners in general and the Head Start - CFRP Director in particular to establish good linkages throughout the community. Another factor is that the program planning effort continues with the community agencies was not an isolated exercise. These initial programs and personal association and contacts were continued and expanded during implementation and in so doing contributed positively to the coordination effort.

During planning and startup the Head Start Director was the principal individual responsible for developing the CFRP - community agencies linkages. Once the program moved into the operational stage, however, the bulk of the responsibility shifted to other staff members. During the first months of implementation the program staff moved to follow up on these original contacts. This work was done by the CFRP Coordinator, Home Visitors, Nurse,

and Resistance Coordinator. These staff spent a general deal of time in developing the formal and informal procedures that reconstitute the manner in which the agencies and the CPRP interact with each other to best provide services to CPRP families.

The formal procedures are built on the staff's professional interaction with the assessment team and for resulting deliberations, recommendations, and manner of providing resources. The informal procedures are centered primarily around the personal contact and support contributed by staff with peers in the various community agencies. These peer interactions then provide the mechanisms by which appropriate are actually, services are provided, advice given, etc., all of which form the intelligent network necessary for effective agency coordination.

There has been no change in the major agencies associated with the CPRP during planning. The CPRP planners appear to have done a a good job in contacting the appropriate agencies and getting them interested if not involved in the program. The list of community agencies is extensive. However, as one might expect, certain community agencies are providing remote services than others. Following is a partial list of several community agencies providing services to the CPRP. No attempt is made to provide an inclusive list, rather, it is to demonstrate the breath and scope of the coordination effort in the Petersburg:

- Child Care Committee - (Project Plugged) - Communicate with infant/toddler program that provides slots for CPRP children. The CPRP has a formal arrangement with the Child Care Committee for these slots.

- Child Guidance Clinic of Pinellas County - Contracted with CPRP to supply screening and diagnostic service. The Clinic Guidance Clinic chose to implement this agreement by assigning a a full time mental health professional with a background in educational psychology and family counseling. Since this individual works closely in with the Home Workers in a consulting and training capacity this arrangement is very important.

- Pinellas County Health Department - Provides delivery clinic for school aged children through the 8th grade, health screenings and following, family planning and counseling and contraception or prescription.

- Division of Family Services - Provides a broad a range of services to families in the areas of counseling on family problems, public assistance including AFDC, social worker to help with specifics and general family problems, foster care, medicaid, mental health a counseling, adoption services in the areas of crisis intervention and of other services to child abuse cases, and food stamps.

- Pinellas County Extension Home Economics Officer - provides information on consumer education and protection, nutrition, etc., and interacting services.

- **Research and Recording Science of Education Bill.** — Recommending — Charging contributions and funding charitable trusting — commencement trusting — commencement trusting — language investigations — research establishments, etc., — with provisions thereon as the Shield.

- **Insight Bill Revision.** — Preventing remaining the Bundle management of legal grant Bilions and lost to clear with them. — Which state actual CORST transition concerning other legal authorities and essentials.

- **Rights and Recognition Requirement.** — Wire and cradle programmes for stable time, measures recommend concerning.

- **Child Education Practitioner Courses Schools.** — protection child absence in Secondary education trusting — high school complaints CORST — cultured and charged with subjects, cross and public affairs.

A project notes all resources to the government school Bilingual with the Practitioner Courses Schools. — Time cross has constitutionally been structures as a profession by the CORST and Board Board. — The difference of the children to many university characteristics and the fact that university governors school students and with government establishments remove of the Bill image of Board Board bilingualism and constituting Bundle to this problem.

Practing need of the Bond years of the CORST for Bases Trustees never mapping — while the working with the school systems to Board course, which provided from the individual's cross bond. — The suggestion of the Recommendations Commissioners positions to Bill cross government years, which need to be applied to the year School. — The responsibilities of constituting CORST governors, — of university magnetic, and constituting CORST — Courses Schools bilingual year recommend as the Board Bond Commissioners. — In the Order then possible of Bill cross of Bond, Bonds establishment, and specialised and Board cross a training devices CORST and Bond training and Bill Board suggestions for Bond Bilingual commissioned to magnet and cross programmes commencement cross Board. — This good for Bond and disappointment but Bond, Bill Bond course, for the Bond Bond. — Bill training to the government and a suggestions to Bond with it.

It is logical to raise the questions, "What many of Board government Bond cross agencies would Bond Bond government by the CORST Bondage of CORST Bill and Board Bond commission?" — This government question to Bond attention on Bill CORST commission students Bond to Bond Bond Bond Bond suggestions, attend government, to a Bond Bond commission. — In others cases it is generally to assist Bond Bond Bond the CORST commission Bond and Bond Bond government. — This Bond to Bond attention the commission Bond assistance to the community, Bond identified commission, assistance Bond other to assistance Bill Bond to Bill attendance of the student government. — This Bond the CORST Bond Bond Bond with the agencies Bond commission to the Bond Bond commission of CORST Bond Bond Bond to assist Board Bond Bill commission. — Bond commission to the Bond Bond of CORST, to Bond the government agencies of a Bond Bill Bond Bond. Bond agencies attendant to the Bill. — Bond working Bond Bill Bond Board Bond Bond and CORST Bill Bond CORST Bill Bond commission, Bond commission Bill the government Bond Bond Bond.

Bill Bond Bond Bond Bond

1.02 Definitions

1. Property, Possession, and Working

[illegible]

2. Property Administration

[illegible]

[illegible]

[illegible]

[illegible]

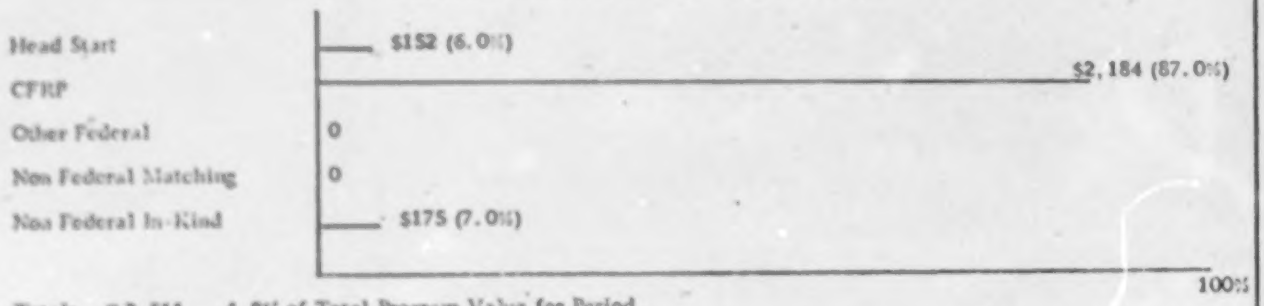
[illegible]

[illegible]

[illegible]

[illegible]

VALUE OF
GENERAL HEALTH SERVICES (1.1)



Total: $2,511 1.8% of Total Program Value for Period

The total dollar value (from all available resources) of General Health Services provided by the St. Petersburg program is presented in the graph above and reflects program services which address the following objectives:

- provide a comprehensive health services program which includes a broad range of medical dental services to preschool children, to assist the child's physical, emotional, cognitive, and social development toward the overall goal of social competence;
- promote preventive health services and early intervention;
- provide the child's family with the necessary skills and insight and otherwise attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the program.

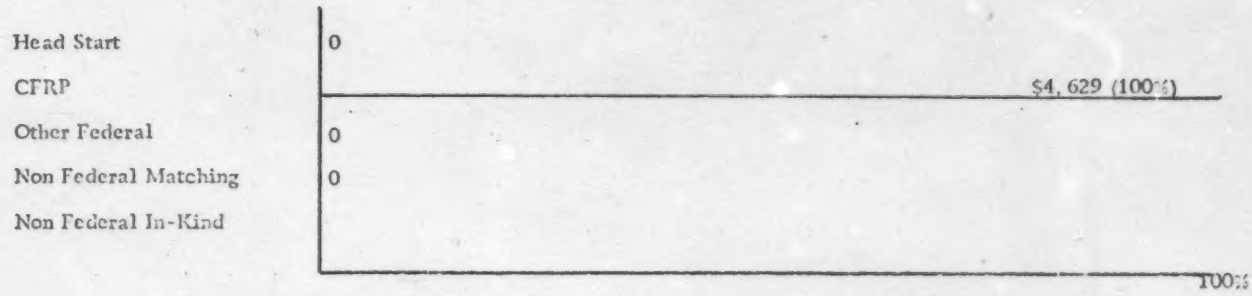
CATEGORICAL COST DATA FOR General Health 1.1
Category

OMB No. 885-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item / Sources: Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. Fixed Amount	Other Fed. Variable Amount	Non-Fed. Matching Fixed Amount	Non-Fed. Matching Variable Amount	Non-Fed. In-Kind Fixed Amount	Non-Fed. In-Kind Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel												
Salaries and Wages			2,025								2,025	
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food												
Other (specify)												
6. Contract Services (Specify)		152		87						175		414
Medicaid Payments												
7. Travel				72								72
TOTALS		152	2,025	159						175	GRAND TOTAL	
Grand total amounts from each source:	152		2,184							175	2,511	

VALUE OF
MENTAL HEALTH SERVICES (1.2)



Total: $4,629 3.4% of Total Program Value for Period

Data on the total dollar value (from all available sources) of Mental Health Services provided by St. Petersburg during the study period is presented in the graph above. Mental Health Services for the purpose of this study are described as those services which address the following objectives:

- assist all children participating in the program in emotional, cognitive, and socail development toward the overall goal of social competence in coordination with the education program and other related component activities;
- provide children with special needs with the necessary mental health services which will ensure that the child and his family achieve the full benefits of participation in the program;
- provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment;
- provide for prevention, early identification, and early intervention in problems that interfere with a child's development;
- develop a positive attitude toward mental health services and a recognition of the contributions of psychology, medicine, social services, education, and other disciplines to the mental health program; and
- mobilize community resources to serve children with problems that prevent them from coping with their environment.

CATEGORICAL COST DATA FOR Mental Health
Category

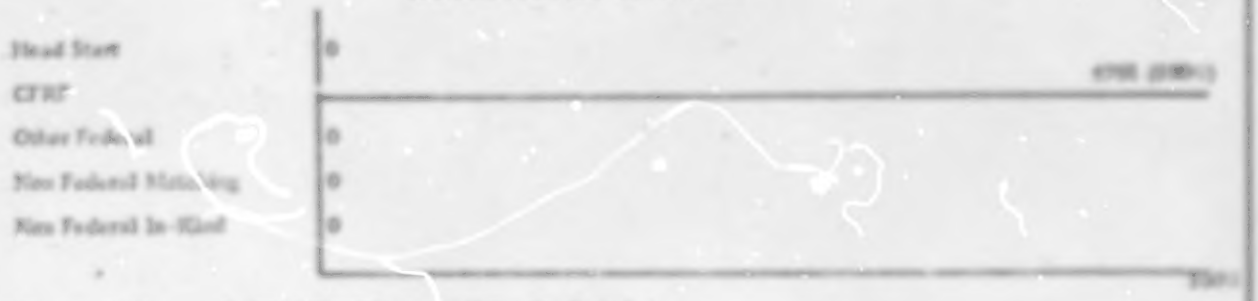
OMB No. 025-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

St. Petersburg

Item / Source / Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching Fixed Amount	Non-Fed. Matching Variable Amount	Non-Fed. Incident Fixed Amount	Non-Fed. Incident Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel												
Salaries and Wages			1,296								1,296	
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food												
Other (specify)												
6. Contract Services (Specify)			3,333								3,333	
Medicaid Payments												
7. Travel												
TOTALS			4,629									
Grand total amounts from each source			4,629								4,629	

VALUE OF NUTRITIONAL SERVICES



Total: $708 0.96 of Total Program Value for Period

The data collected and presented on the graph above is the total dollar value (from all available sources) of nutritional services provided by St. Rosalung CFRF. These services are those which serve to meet the following objectives of the health services component of the program:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by each program during the study period is **not included in this chart.**

Categorized Cost Report

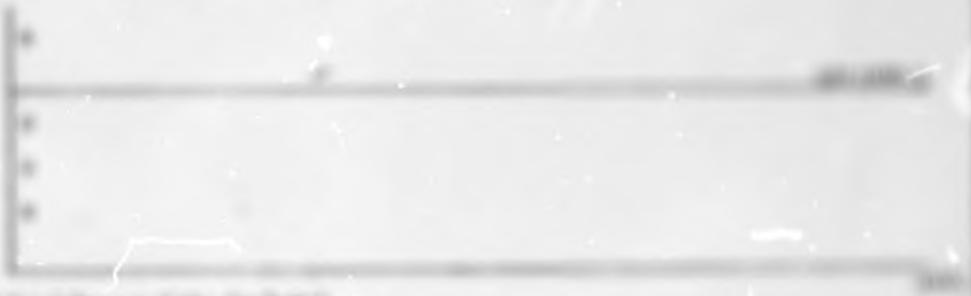
[illegible]

[illegible]

Item	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1. Personnel												
Salaries and Wages			[illegible]								[illegible]	
Fringe Benefits												
Other Items												
Telephone												
2. Particulars												
Rates												
Supervisor												
Transport												
3. Staff Training		[illegible]										
4. Insurance Premiums												
5. Personnel Supplies												
Rent												
Other Supplies												
6. Average Service Benefits												
Interest Payments												
7. Travel												
Total			[illegible]								[illegible]	
				[illegible]							[illegible]	

[illegible]

[illegible]



[illegible]

[illegible]

- [illegible]

CATEGORICAL COST DATA FOR Staff Training 5.0
Category

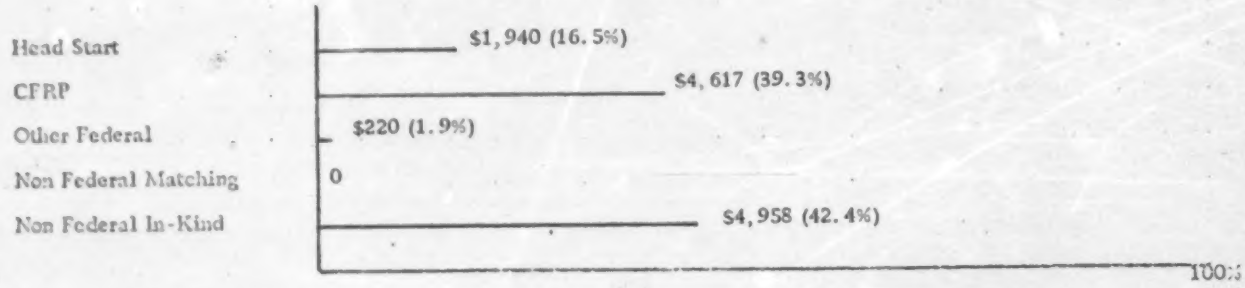
Categorical Cost Report

OMB No. [illegible]
Approval Expires: 30 June [illegible]

St. Petersburg

Item / Source / Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CHP Fixed Amount	CHP Variable Amount	Other Fed. * Fixed Amount	Other Fed. * Variable Amount	Non-Fed. Matching Fixed Amount	Non-Fed. Matching Variable Amount	Non-Fed. Indirect Fixed Amount	Non-Fed. Indirect Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel												
Salaries and Wages			1,034								1,034	
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space					300						300	
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food			103								103	
Other (specify)												
6. Contract Services (Specify)												
Medicaid Payments												
7. Travel			1,546								1,546	
TOTALS			2,683		300						[illegible]	
Grand total amounts from each source:			2,683		300						2,983	

VALUE OF
ADMINISTRATION ACTIVITIES (6.0)



Total: $11,735 8.6% of Total Program Value for Period

The graph above indicates the total dollar value (from all available resources) of program administration activities by the CFR program during the study period. For the purpose of this study, program administration activities are described as those activities which relate to the following functions:

- program management and organization;
- property management which includes records, procurement policies, and procedures;
- financial management; and
- personnel management.

CATEGORICAL COST DATA FOR Administration 6.0
Category

OMB No. 085-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

St. Petersburg

Item	Source: Fixed or Variable	Head Start		CFRP		Other Fed.		Non-Fed. Matching		Non-Fed. In-Kind		Totals	
		Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount	Fixed Amount	Variable Amount
1. Personnel													
Salaries and Wages				2,896								2,896	
Fringe Benefits													
Consultants		1,377				220						1,597	
Volunteers													
2. Facilities													
Space		47								4,958		5,005	
Equipment		422										422	
Furniture				303								303	
3. Staff Training													
4. Materials (Reusable)													
5. Consumable supplies													
Food													
Other (specify)		94		51								145	
6. Contract Services (Specify)				206								206	
Medicaid Payments													
7. Travel				1,161								1,161	
TOTALS		1,940		4,617		220				4,958		GRAND TOTAL	
Grand total amounts from each source:		1,940		4,617		220				4,958		11,735	

IX. NOTES ON KEY PROGRAM IMPLEMENTATION FACTORS

The team concept of program planning included representatives from various community agencies who would be involved in the delivery of services when the program became operational. In this way the agencies were able to indicate to the CFRP planning personnel exactly what the agency requirements and procedures were. With this first hand knowledge many CFRP operational procedures were designed and communication networks arranged between CFRP and the agencies prior to program implementation. The result is a flexible and open association between the agency representatives and CFRP.

Constructive criticism is provided by everyone involved in order to improve agency coordination and the feeling that CFRP is a community service directed program.

During planning the School Board showed less enthusiasm than any of the other agencies which were contacted to participate in planning the CFRP. This resulted in limited linkages between CFRP and the School System which had to be clarified at a later date. Participation improved during startup; for example, a representative attended the first agency coordination meeting after the program was funded and another representative agreed to serve on the assessment team. However, relations with the School Board while cordial have not always been very effective. The decision to assign the responsibility for improving the CFRP - School Board linkages to one staff member has created a definite improvement in this long term problem area.

There was general staff agreement that the needs assessment procedures are vital to the CFRP. In retrospect the staff felt that more planning time and effort should have been devoted to this area. Throughout implementation the CFRP Coordinator and the Home Visitor have continued to refine the needs assessment procedures particularily to increase the participation of community agency representatives and streamline the procedures. The intent is to improve the quality of the needs assessment and reduce the amount of time required to process family information.

The care and attention to developing sound agency linkages that started during planning and startup continues in the implementation phase. This activity has contributed significantly to the success CFRP has had with most community agencies. Both example and direction for this is provided by the Head Start/CFRP Director and the CFRP Coordinator. They have not relaxed on this point and continue to require that the staff remains alert to their responsibilities.

The staff forms the basis of the CFRP's strength. Most staff had previous experience with and knowledge about the CFRP families and their neighborhood. This coupled with the fact that staff turnover has been almost nonexistent has allowed the staff knowledge and understanding about the community, the families, and available resources to make a distinct and positive impression on the program. In addition, individual staff willingness and openness to deal with each other and the assigned CFRP families, as well as a dedication to improving professional competence, has facilitated the implementation phase.

Combining the Homebased Teacher and Social Worker responsibilities into the specially created Home Visitor position proved to be a major plus for improving the CFRP interaction with member families. Making one staff member primarily responsible for representing CFRP to the family assisted the development of mutual trust and confidence between the Home Visitor and the families.

A situation that had significant program repercussions was the early intensive recruiting of families with attendant overextension of staff and other program resources. In the first implementation months, the staff "processed" families because they did not have time to work with them to identify and/or develop commitment to the program. This heavy and unanticipated influx of families early in the program also taxed the resources of the assessment team. In the beginning, they were faced with a larger caseload. While they felt they did an adequate job of assessing needs, there were indications that with more time, assessment would have been better. Fortunately, this situation is no longer a problem.